

EXHIBIT 1

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1 Submit to Appropriate Federal Agency Bureau of Indian Affairs William McClure, OJS, 115 4th Ave. SE MC 302 Aberdeen, SD 57402-0150			2 Name, address of claimant, and claimant's personal representative if any (See instructions on reverse) Number, Street, City, State and Zip code Lissa Yellow Bird-Chase <div style="font-size: 2em; font-weight: bold; text-align: center;">REDACTED</div>		
3 TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4 DATE OF BIRTH REDACTED		5 MARITAL STATUS REDACTED	
6 DATE AND DAY OF ACCIDENT 02/05/2021 Friday			7 TIME (A.M. OR P.M.) Approx midnight		
8 BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary.) The facts are set out in the attached response to questions I was asked by the BIA OJS. I was physically assaulted, sexually assaulted, mistreated, denied my constitutional rights, and the victim of a theft.					
9					
PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code) REDACTED					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED (See instructions on reverse side) \$800 was stolen from my property, and 40 prescription pills.					
10					
PERSONAL INJURY/WRONGFUL DEATH					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT The nature and extent of my injuries are set forth in the attached materials. I suffered and continue to suffer extreme emotional and mental injury and harm.					
11					
WITNESSES					
NAME REDACTED The officers in the Booking Room The women incarcerated when I was there			ADDRESS (Number, Street, City, State, and Zip Code) Current address unknown Names and addresses unknown Names and addresses unknown		
12 (See instructions on reverse)					
AMOUNT OF CLAIM (in dollars)					
12a PROPERTY DAMAGE \$850.00		12b PERSONAL INJURY \$2 million		12c WRONGFUL DEATH REDACTED	
12d TOTAL (Failure to specify may cause forfeiture of your rights) \$2,000,850.00					
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a SIGNATURE OF CLAIMANT (See instructions on reverse side) Lissa Yellow Bird-Chase CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government (See 31 U.S.C. 3729)			13b PHONE NUMBER OF PERSON SIGNING FORM REDACTED		14 DATE OF SIGNATURE 9/27/21
CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine, imprisonment, or both (See 18 U.S.C. 287, 1001)					